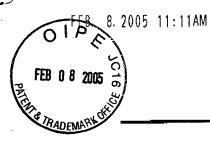
PART B -	FEE(S)	TRANSMITTAL
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فنتشفت تعديد			PAKI B	- rrr(3)	IKAMSMITIAL				
FEB 0	A soor	this form, together wi		P.O. Box 1450 Alexandria, Vir	Alexandria, Virginia 22313-1450				
A TRANS	instructions: This for appropriate, All further co indicated indess corrected	orm should be used for traing the below or directed otherwise	Patent, advance ord in Block 1, by (a)	specifying a specifying a	ication of maintenance face new correspondence address	will be mailed to the current and/or (b) indicating a sep	nould be completed where correspondence address as arate "FEE ADDRESS" for		
ADE	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  27581 7590 01/05/2005  MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MS-LC340  MINNEAPOLIS, MIN 55432-5604				Fee(s) Transmittal. T papers. Each addition have its own certifica I hereby certify that i States Postal Service addressed to the Ma transmitted to the US	Now: A certificate of meiling can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United Status Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.  MOLLY CHLE BECK. (Depositors name)  MULLY CHLE BECK. (Depositors name)			
:	APPLICATION NO.	FILING DATE	F	FILST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	09/825,909 04/04/2001 David L. Tho				hampson	P-8999	3722		
					NON-INVASIVE PHYSIOI		,		
	APPLN. TYPE	SMALL ENTITY	ISSUE FE	В	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
	nonprovisional	NO	\$1400	5300		\$1700	04/05/2005		
	EXAM	MINER	ART UNI	T CLASS-SUBCLASS					
	OROPEZA,	FRANCES P	3762		607-059000				
	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  2. For printing on the patent front page, list (1) the names of up to 3 registered parent attorneys or agents OR, alternatively.  2. The names of up to 3 registered parent attorneys or agents OR, alternatively.  3. Assignee is required.  3. Assignee NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  MEDTRONCC, INC.								
	1 400 4 10 1 1 1 1				tent): 🗆 Individual 🖾	orporation or other private gr	oup entity Government		
٠	4a. The following fec(s) are  Lissue Fee	caclosed:		Payment of F	ee(s): the amount of the fee(s) is en	<del></del>			
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	Authorized Signature	4 Ruel	aval	<u> </u>	. Date_C	to for 1	75		
	Typed or printed name PAUL H. McDoWALL Registration No. 0 34,873								
00.00 00.00 00.00	This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gentering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								
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### 3/4 \* RCVD AT 2/8/2005 12:10:54 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-2/1 \* DNIS:7464000 \* CSID:7635146982 \* DURATION (mm-ss):01-50





## Medtronic<sup>\*</sup>

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Date: February 8, 2005

Pages including this

cover page: 4

Comments:

In re Application of: David L. Thompson et al.

For: IMPLANTABLE MEDICAL DEVICE CONTROLLED BY A NON-

INVASIVE PHYSIOLOGICAL DATA MEASUREMENT DEVICE

**Serial No.:** 09/825,909 Filed: April 4, 2001

Attached please find the following documents:

X Issue Fee Transmittal

X Part B-Fee(s) Transmittal

X Fee Addressee For Receipt of PTO Notices Relating to Maintenance Fees

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